PART B - FEE(S) TRANSMITTAL

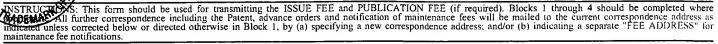
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MAY 1 7. 2004

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03/02/2004

TOWNSEND AND TOWNSEND AND CREW, LLP TWO EMBARCADERO CENTER EIGHTH FLOOR SAN FRANCISCO, CA 94111-3834

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Lois M. Simon	(Depositor's name
Vacinar	(Signature
May 12, 2004	(Date

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/905,160	07/12/2001	David A. Johnson	210121.489C1	3146

TITLE OF INVENTION: AMINOALKYL GLUCOSAMINIDE PHOSPHATE COMPOUNDS AND THEIR USE AS ADJUVANTS AND IMMUNOEFFECTORS

APPLN. TYPE	SMALL ENTITY	' ISSUE FE		UE FEE ❖ PUBLICATION FEE		DUE	DATE DUE
nonprovisional YES		\$665		\$300	\$965		06/02/2004
EXA	MINER	ART UNI	Γ	CLASS-SUBCLASS			
, PARK, H	IANKYEL	1648		536-001110	_		
CFR 1.363). Change of correspond Address form PTO/SB/1	de address or indication of "Fee dence address (or Change of Co 22) attached. ion (or "Fee Address" Indication or more recent) attached. Use	orrespondence	names of agents Of firm (havagent) ar	rinting on the patent front page of up to 3 registered patent or, alternatively, (2) the name ving as a member a registered at the names of up to 2 registor agents. If no name is list rinted.	attorneys or e of a single di attorney or stered patent	wnsend d Crew	and Townsen

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY)

(A) NAME OF ASSIGNEE

Corixa Corporation

Seattle, Washington

Please check the appropriate assignee category or category	gories (will not be printed on the patent);	u individual	corporation or other private group entity	u government
4a. The following fee(s) are enclosed:	4b. Payment of Fee(s):			
Issue Fee	☐ A check in the amo	ount of the fee(s)	is enclosed.	
₽Publication Fee	☐ Payment by credit	eard. Form PTO-	2038 is attached.	
Advance Order - # of Copies10	The Director is he Deposit Account Nur	reby authorized hber 20-14	by charge the required fee(s), or credit any (enclose an extra copy of this	overpayment, to form).
Director for Patents is requested to apply the Issue Fee	and Publication Fee (if any) or to re-apply	any previously p	paid issue fee to the application identified above	/e.
(Authorized Signature)	(Date) = 10			

(Authorized Signature)

(Date) May 2004

Reg. #24,307 Joel G. Ackerman,

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09905160 05/18/2004 HVUONG2 00000228 201430

300.00 DA 01 FC:1504 665.00 DA 02 FC:2501 30.00 DA 03 FC:8001

TRANSMIT THIS FORM WITH FEE(S)

FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

995

	Complete if Known	
Application Number	09/905,160	
Filing Date	July 12, 2001	
First Named Inventor	Johnson, David A.	
Examiner Name	Park	
Art Unit	1648	
Attorney Docket No.	014058-012830US	

	METHOD OF PAYN	MENT (check all that apply)	FEE CALCULATION (continued)					
Check	Credit Card	Money Order Other None	3. ADD	DITIONAL	FEES			
Deposit Ac	count:		Large	Entity	Small	Entity	•	_
Deposit Account	20-1430		Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
Number	20 1100		1051	130	2051	65	Surcharge - late filing fee or oath	
Deposit		, "	1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet.	
Account	Townsend an	d Townsend and Crew LLP	1053	130	1053	130	Non-English specification	
Name			1812	2,520	1812	2,520	For filing a request for reexamination	
	authorized to: (che (s) indicated below	ck all that apply) Credit any overpayments	1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
Charge any	additional fee(s) or a	any underpayment of fee(s)	1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
	(s) indicated below, e entified deposit accour	xcept for the filing fee	1251	110	2251	55	Extension for reply within first month	
to the above-ide		ALCULATION	1252	420	2252	210	Extension for reply within second month	
1. BASIC F	ILING FEE		1253	950	2253	475	Extension for reply within third month	
Large Entity	Small Entity		1254	1,480	2254	740	Extension for reply within fourth month	
Fee Fee		ee Description Fee Pald						<u></u>
Code (\$)	Code (\$)		1255	2,010	2255	1,005	Extension for reply within fifth month	
1001 770		tility filing fee	1401	330	2401	165	Notice of Appeal	
1002 340		esign filing fee	1402	330	2402	165	Filing a brief in support of an appeal	
1003 530	1	lant filing fee	1403	290	2403	145	Request for oral hearing	
1004 770 1005 160	4	eissue filing fee rovisional filing fee	1451	1,510	1451	1,510	Petition to institute a public use proceeding	
	•		1452	110	2452	55	Petition to revive - unavoidable	
	SUBTOTAL	(1)	1453	1,330	2453	665	Petition to revive – unintentional ∠	
2. EXTRA C	LAIM FEES FOR	UTILITY AND REISSUE	1501	1,330	2501	665	Utility issue fee (or reissue)	665
		Fee from	1502	480	2502	240	Design issue fee	
	Extra (Claims below Fee Paid	1503	640	2503	320	Plant issue fee	
Total Claims	_** =		1460	130	1460	130	Petitions to the Commissioner	
Independent			1807	50	1807	50	Petitions related to provisional	
Claims	-** =		1806	180	1806	180	applications Submission of Information Disclosure	
Muttiple Dependent		x =	1				Stmt	
Large Entity	Small Entity		8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
Fee Fee Code (\$)	Fee Fee Code (\$)	Fee Description	1809	770	2809	385	Filing a submission after final rejection (37 CFR § 1.129(a))	
1202 18	2202 9	Claims in excess of 20	1810	770	2810	385	For each additional invention to be	
1201 86 1203 290	2201 43 2203 145	Independent claims in excess of 3 Multiple dependent claim, if not paid	1.3.3				examined (37 CFR § 1.129(b))	
1203 290 1204 86	2203 145	** Reissue independent claims over original patent	1801	770	2801	385	Request for Continued Examination (RCE)	
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent	1802	900	1802	900	Request for expedited examination of a design application	
	SUBT	OTAL (2) (\$)	Other fe	ee (specify)		Publication I	Fee der of 10 copies of issued patent	300 30
**or number pre		For Reissues, see above	*Reduc	ed by Basi			SUBTOTAL (3) (\$) 995	
			-1				<u> </u>	

Attorney Docket No.

SUBMITTED BY Complete (if applicable)							
Name (Print/Type)	Joel G. Ackerman	Registration No. (Attorney/Agent)	24,307	Telephone	415-576-0200		
Signature				Date	May / 2_2004		

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